

HAZARDOUS WASTE FACILITY CERTIFICATE  
of  
LIABILITY INSURANCE

File mg  
MOD990870396

☒ Travelers Indemnity Company  
☐ Travelers Indemnity Company of America  
☐ The Phoenix Insurance Company

☐ Travelers Indemnity Company of Rhode Island  
☐ Travelers Indemnity Company of Illinois  
☐ Charter Oak Fire Insurance Company

One Tower Square  
Hartford, Connecticut 06115

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Name S K F INDUSTRIES INC  
Mailing Address P O BOX 239 1100 FIRST AVE  
KING OF PRUSSIA PA 19406

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at

E.P.A. I.D. NUMBER

NAME

ADDRESS

MOD 990870396

SKF AUTOMOTIVE PRODUCTS

2320 MARCONI AVE  
ST LOUIS MO 63110

2. MOD 085909703

SKF AUTOMOTIVE PRODUCTS  
WASHINGTON PLANT

1801 WEST MAIN ST  
WASHINGTON MO 63090

for:

- ☐ sudden accidental occurrences  
☐ non-sudden accidental occurrences  
☒ sudden and non-sudden accidental occurrences

The limits of liability are \$ 4,000,000 each occurrence  
\$ 4,000,000 annual aggregate

exclusive of legal defense costs. The coverage is provided under

Policy Number TLRH-186T813-7-85

Issued on 02-01-85

The effective date of said policy is 01-12-85

REPLACING CERTIFICATE ISSUED 02-01-85 TO AMEND THE EFFECTIVE DATE OF THE POLICY.

PHIL-166  
04-09-85

(CONTINUED ON REVERSE)

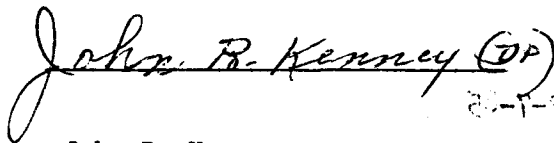
EPA-ARWM/PMTS  
APR 23 1985



The Insurer further certifies the following with respect to the insurance described on Page 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
- (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



John R. Kenney  
Secretary, Authorized Representative of the Travelers Insurance  
Companies  
One Tower Square, Hartford, Connecticut 06115